BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket N	I
Oralon	

CLAIMS AS FILED - PART I					SMAL	L ENTITY		OTHER		
			(Column 1) (Column 2)		TYPI		OR	SMALL	ENTITY	
FC	PR	NUMBE	RFILED	NUMBER 8	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE	संदर्भ इस्टब्रह्में कर			n en gja Kazaget de	1	345.00	OR		690.00
то	TAL CLAIMS	93	00		X\$18=	184				
IND	DEPENDENT CLAIMS S minus 3 = 2				X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT					+130	=	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTA	L	OR	TOTAL	(000)	
	C	LAIMS AS A	MENDED	- PART II					OTHER	THAN
		(Column 1)		(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9:	=	OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF MI	JLIIPLE DEF	PENDENT CLAIM		+130:	=	OR	+260=	
						TOT		OR	TOTAL	
		(0.1		(0.1	(O = 1: = 0)	ADDIT. F	EE L	10	ADDIT. FEE	
	isko si të ur	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	l ——	LADDI	1		400
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9:	=	OR	X\$18=	
AME	Independent	*	Minus	PENDENT CLAIM	=	X39=	:	OR	X78 <u>=</u>	
	FIRST PRESE	INTATION OF MI	ULTIPLE DEF	PENDENT CLAIM		+130:	=	OR	+260=	
						TOT		OR	TOTAL	
		(Calumn 4)		(Column 2)	(Column 2)	ADDIT. F	tt		ADDIT. FEE	
	A 35	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	i	LADDI	1		400
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9:		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39=			X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM			-	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
**	If the "Highest Nu "If the "Highest Nu	mber Previously Pa Imber Previously P	aid For IN THI aid For IN THI	S SPACE is less that S SPACE is less that IS SPACE is less that I Independent) is that	ın 20, enter "20. an 3, enter "3."	ADDIT. I	EE	OR	TOTAL ADDIT. FEE olumn 1.	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	01611917

Total Fee Calculation

		TOTAL FEE	Calculatio	ш		-
	Fee Code	Total # Claims	Number Extra X	Fee	Fee =	Total
Basic Filing Fee Total Claims >20	Sm/Lg. 201/101 203/103	33 -20=	<u>B</u> x	Sm. Entity 345 9	Lg. Entity (<u>90</u> <u>18</u>	184 184
Independent Claims >3 Mult. Dep Claim Present Surcharge	202/102 204/104 205/105	<u>S</u> -3 =	<u>₹</u> x	39 130 65	18 260 130	1 <u>50</u> 120
English Translation TOTAL FEE CALCULA		·	. -			1210
Fees due upon filing to Total Filing Fees Due		1210)		<u> </u>	•• ·
Less Filing Fees Subm	nitted - \$	17 (·
BALANCE DUE Office of Initial Patent	= \$	1210 	J ———			